

DECLARATION AND POWER OF ATTORNEY

As below-named inventors, being duly sworn, We depose and say that our residence, address and citizenship are as stated below. We believe We are the original and first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled COMBUSTION STOPPER SEAL the specification of which

(check one) is attached hereto.

was filed on _____, as Application Serial No.

We hereby state that We have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, section 119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority date is claimed:

PRIOR FOREIGN APPLICATION(S)

Application No:

Application No:

Country:

Country:

Date of Filing:

Date of Filing:

We hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, We acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status-Patented/Pending/Abandoned)

(Application Serial No.) (Filing Date) (Status-Patented/Pending/Abandoned)

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

We hereby appoint Jon E. Shackelford, Reg. No. 36,003, and Robert L. Stearns, Reg. No. 36,937 registered Patent Attorneys, as our attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. We request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Robert L. Stearns, 5291 Colony Drive North, Saginaw, Michigan 48603, Phone: 989-799-5300.

Signature _____

Date: October 18, 2001

Full Name: Gregory Barclay

Residence: Mt. Prospect, IL

City, State, Zip: Mt. Prospect, IL 60056

Country: U.S.A.

Citizenship: New Zealand

P.O. Address: 2388 Cannon Drive
Mt. Prospect, IL 60056

Signature Thomas J. Molitor

Date: October 22, 2001

Full Name: Tom Molitor

Residence: Arlington Heights, IL

City, State, Zip: Arlington Heights, IL 60004

Country: U.S.A.

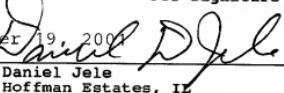
Citizenship: U.S.A.

P.O. Address: 1615 N. Belmont Avenue

Arlington Heights, IL 60004

Additional names and signatures are attached

Added Page to Combined Declaration and Power of Attorney
For Signature by Additional Inventor(s)

Date: October 19, 2001
Signature: 
Full Name: Daniel Jele
Residence: Hoffman Estates, IL
City, State, Zip: Hoffman Estates, IL 60195
Country: U.S.A.
Citizenship: U.S.A.
P.O. Address: 1815 Bolleana Court
Hoffman Estates, IL 60195

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____


Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____


Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____


Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____

Date: _____
Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P.O. Address: _____